

SCHOOL EMPLOYEE CERTIFICATION OF HEALTH

Name _____ Address _____ City _____

School Name _____ District _____ School Year _____

MINIMUM REQUIREMENTS:

1. A Mantoux TB skin test administered within 1 year preceding employment with the school system.
2. A physical examination by a licensed physician, nurse practitioner, certified nurse midwife or a physician assistant.
3. Completion of this form to include the clinician's signature in the bottom box (Clinician Recommendations).
4. Employees identified to have positive TB skin tests (= 10 mm induration) who are not able to document adequate preventive therapy, must be evaluated annually by a clinician to assure noncommunicability for tuberculosis.

TB SKIN TEST REQUIREMENT:

Date administered _____ Date read _____ Reading _____ (in mm of induration)

Signature of health-care provider who read the test _____

***Please note that patients with TB skin tests determined to be 10 or more mm of induration must be reported by the health care provider to the South Dakota Department of Health by telephoning 1-800-592-1804.**

Please complete the following information if the patient's TB skin test was positive (10 or more mm of induration):

Date of chest X-ray _____ Results _____

Preventive therapy started _____ No _____ Yes _____ If yes, date started _____

CLINICIAN RECOMMENDATIONS:

PHYSICAL EXAM REQUIREMENT:

Date of examination _____ Clinic Name _____ Clinician Name _____

From the results of the above examination and screening, it is indicated that:

_____ There is no evidence of physical condition that would endanger the health, safety or welfare of the pupils in the initial examination.

_____ The employee is suitable for work with the following restrictions _____

_____ The employee is not suitable for any kind of work at this time because _____

_____ Final evaluation deferred at this time for the following reason _____

Signature of licensed physician, nurse practitioner,
certified nurse midwife or physician assistant

Date

Revised 4-2000

SCHOOL EMPLOYEE CERTIFICATION OF HEALTH

SDCL 13-43-3 HEALTH CERTIFICATION REQUIREMENTS FOR EMPLOYMENT – TUBERCULOSIS TEST.

The school board of a public or the governing body of a nonpublic school shall require each employee, each student teacher, and each person providing services for pupils under contract, who is in regular contact with pupils, to submit, within ten days after first being employed, a certification of health signed by a licensed physician, nurse practitioner, certified nurse midwife, or physician's assistant. The certification shall include a statement that there is no evidence of physical condition that would endanger health, safety, or welfare of the pupils in the initial examination. Certification of freedom from tuberculosis shall be established by chest X-ray or negative tuberculin skin tests. The secretary of the Department of Health shall prescribe the form for the certification of health and the certification of freedom from tuberculosis.

SDCL 13-43-3.1 ANNUAL MEDICAL EVALUATION TO ASSURE NONCOMMUNICABILITY OF TUBERCULOSIS.

An employee under treatment for tuberculosis or having a positive skin test shall be evaluated yearly by a licensed physician to assure noncommunicability. Such yearly evaluation may not be required of an employee who has received documented, adequate, preventive therapy for tuberculosis as prescribed by the state Department of Health.

SDCL 13-43-3.2 TUBERCULOSIS TEST REQUIREMENTS – ALTERNATIVE.

The X-ray or tuberculin tests used shall be of the type recommended by the secretary of the state Department of Health. As an alternative to such tuberculin tests requirements the employee shall present a written statement that he is an adherent of a religious denomination whose religious teachings are opposed to such test(s).

INSTRUCTIONS TO SCHOOL ADMINISTRATORS:

1. All new employees must submit this completed *School Employee Certification of Health* form within 10 days after first starting work at a school system.
2. The bottom box (Clinician Recommendations) must be signed by a licensed physician, nurse practitioner, certified nurse midwife or physician assistant.
3. **Retain the original form in the employee's personnel file for reference. DO NOT MAIL FORM TO THE DEPARTMENT OF HEALTH.**
4. Persons in "regular contact" with students generally include administrators, teachers, aides, substitute teachers, cooks, custodians, bus/vehicle drivers and others. Staff members providing special services in the summer, such as driver education instructors, would also be included. A July 28, 1971, Attorney General's Opinion may be used by local boards as guidance. In part, that opinion says that "most employees of the school, such as teachers, bus drivers and cooks would have regular contact with students; however, employees such as certain janitors and secretaries might be considered as not having regular contact with students. The governing board would have to make a determination of what employees have regular contact with students, based on the assignment and duties of such employees, and such employees would therefore need a certificate of health."
5. Questions regarding compliance with this statute should be directed to Department of Education and Cultural Affairs, Office of Policy and Accountability at (605) 773-3553.
6. In addition to this form, the Department of Health has created a medical examination form (gold color) and an employee medical history and examination form (blue color) as a service to physicians. These forms were developed in response to physicians' requests for guidance on the health certification requirements. **Use of the gold and blue forms is not required and is confidential information that must be maintained in the patient's medical chart. School staff should not see, collect or file the exam and history forms.**
7. This form may be photocopied (front and back) or additional forms may be obtained from the Department of Health at the following address and/or telephone number:
South Dakota Department of Health
Shipping Room
617 East 4th Street
Pierre, SD 57501
(605) 773-3737